



12th Annual Missouri Interpreters Conference 2005

October 28 - 30, 2005



REGISTRATION FORM (PLEASE PRINT CLEARLY)

Name _____
(Last Name) (First Name)

Address _____
(Street Address)

(City) (State) (Zip)

Work Phone/TTY _____ Home Phone/TTY _____

Email _____ FAX _____

The completed registration form and payment should be postmarked no later than September 1, 2005 to qualify for the "early-bird" registration price*. Registrations postmarked no later than October 1, 2005 must pay the "Regular" registration price*. (*Includes Saturday's Luncheon.)

If registration is not postmarked on or before October 1, 2005, you must register at the door and pay the on-site rate.

No refunds will be given after October 1, 2005.

Contact Missouri Commission for the Deaf and Hard of Hearing by October 1, 2005 to request special accommodations for the conference.

CONFERENCE REGISTRATION PRICES:

EARLY BIRD

☐ \$ 95.00 (Friday, Saturday, Sunday)

☐ \$ 85.00 (Saturday only)

Student Pricing (must submit copy of student ID)

☐ \$ 75.00 (Friday, Saturday, Sunday)

☐ \$ 65.00 (Saturday only)

Early Bird Registration includes the Saturday Luncheon. This rate is given to anyone who submits their registration postmarked by September 1, 2005

REGULAR

☐ \$110.00 (Friday, Saturday, Sunday)

☐ \$100.00 (Saturday only)

Student Pricing (must submit copy of student ID)

☐ \$ 90.00 (Friday, Saturday, Sunday)

☐ \$ 80.00 (Saturday only)

Regular Registration includes the Saturday Luncheon. This rate is given to anyone who submits their registration postmarked between 9/2/05 and 10/1/05

ON-SITE

☐ \$125.00 (Friday, Saturday, Sunday)

☐ \$115.00 (Saturday only)

Student Pricing (must submit copy of student ID)

☐ \$ 105.00 (Friday, Saturday, Sunday)

☐ \$ 95.00 (Saturday only)

On-Site Registration does **NOT** include the Saturday Luncheon. This rate is required for anyone submitting their registration
On-site at the conference

Please indicate if you have any special dietary needs. We will make every effort to accommodate you.

diabetic _____

vegetarian _____

Other _____

I understand that my paid registration (postmarked by October 1, 2005) includes the Saturday Luncheon. I would like to pre-order _____ extra Saturday Luncheon ticket(s) for family members and/or friends at \$20.00 each to be picked up at the conference registration desk. Enclosed is an additional \$ _____ for luncheon tickets.

Make checks payable to: MCDHH/BCI Fund.

Mail registration form and payment to
Missouri Interpreters Conference
1103 Rear Southwest Boulevard
Jefferson City, MO 65109

Please call the Missouri Commission for the Deaf and Hard of Hearing at
(573) 526-5205 (V/TTY) if you want verification that your registration has been received.

Thank you for registering. See you at the conference!

DEMOGRAPHIC INFORMATION

African-American _____
Native American/Alaskan Native _____
Asian/Pacific Islander _____
Hispanic _____
Caucasian _____

Male _____
Female _____

Deaf _____
Hard of Hearing _____
Hearing _____

Under 25 _____
25-44 _____
45-65 _____
Over 65 _____

Teacher _____
Parent _____
Administrator _____
Student _____
Interpreter _____

Additional Copies of this form may be downloaded from www.mcdhh.mo.gov